

VETERINARY REFERRAL FOR CHIROPRACTIC CARE

Dr. Baillie Garlick
Graduate of Parker College of Chiropractic
Certified by the American Veterinary Chiropractic Association

I, _____ **[owner]** hereby request authorization for a Veterinary Referral for the chiropractic care of patient(s)

1. _____ canine / equine/ feline [circle if applicable]
2. _____ canine / equine / feline [circle if applicable]
3. _____ canine / equine / feline [circle if applicable]
4. _____ canine / equine / feline [circle if applicable]

As the owner, I understand that chiropractic care is considered under Texas law to be an alternate therapy. I request for the chiropractic services to be provided by Dr. Baillie Garlick.

Owner Signature: _____ Date: _____

I, _____ **[Referring Veterinarian]** in compliance with Texas Administrative Code, Rule 573.14:

- ❖ **Established** a valid veterinarian/client/patient relationship; and
- ❖ **Examined** the animal[s] to determine that chiropractic care will not likely be harmful to the patient; and
- ❖ **Obtained**, as part of the patient's permanent record, a signed acknowledgement by the Owner of the patient that chiropractic care is considered by Texas law to be an alternative therapy.

Therefore, I hereby authorize Dr. Baillie Garlick to perform chiropractic care for the patient[s] listed above.

Clinic: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Veterinarian Signature: _____ Date: _____

*Please note: I must receive this form with completed signatures before the animal can receive care. Please bring to first appointment or email to below address. I do not use any form of sedatives.

Thank you for your referral and I look forward to working together!

Baillie Garlick, DC, cAVCA